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Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90047 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000008418

1. Entity Name
ADAM REALTY SALES CORP.

94060699

Principal Place of Business
9775 W. SAMPLE RD
CORAL SPRINGS, FL 33065

Mailing Address
9775 W. SAMPLE RD
CORAL SPRINGS, FL 33065

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 9777B W. Sample Rd.
Suite, Apt. #, etc.
City & State: Coral Springs, Fl.
Zip: 33065 Country: USA

3. Mailing Address: 9777B W. Sample Rd.
Suite, Apt. #, etc.
City & State: Coral Springs, Fl.
Zip: 33065 Country: USA

4. FEI Number: 65-0728861 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMET, ABRAHAM
10777 NW 9TH COURT
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 497 Lakeview Drive
City: Coral Springs FL Zip Code: 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SAMET, ABRAHAM		NAME	
STREET ADDRESS	10777 NW 9TH CT		STREET ADDRESS	497 Lakeview Drive
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, Fl. 33071
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abraham Samet 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #